



Docket No. JBP 510

*For fee only*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Miri Seiberg, et al.  
Serial No. : 09/621,565 Art Unit: 1615  
Filed : July 21, 2000 Examiner: B. Fubara  
For : REDUCING HAIR GROWTH, HAIR FOLLICLE AND HAIR SHAFT SIZE  
AND HAIR PIGMENTATION

I hereby certify that this correspondence is being deposited with the  
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to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 9, 2005

(Date)

Andrea L. Colby, Reg. No. 30,194

Name of applicant, assignee, or Registered Representative

/Andrea L. Colby/

(Signature)

May 9, 2005

(Date of Signature)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Dear Sir:

This Amendment is respectfully submitted in conjunction with a Request for Continued Examination. This Amendment responds to the Final Rejection rendered in the above-identified patent application on February 8, 2005. Please amend the above-identified application as follows:

Listing of the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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In re application of Miri Seiberg et al.

Case Docket No.: JBP-510

Serial No. 09/621,565

Filed: July 21, 2000

For: REDUCING HAIR GROWTH, HAIR FOLLICLE AND HAIR SHAFT SIZE AND HAIR PIGMENTATION

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is enclosed because this application was filed prior to October 25, 1965 (effective date of Public Law 89-83).
- ☐ No additional fee is required.
- ☒ One stamped, self-addressed postcard for the PTO Mail Room date stamp.
- ☐ Petition For Extension of Time and charge to Deposit Account of Appropriate Fee.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25	minus	52	0	x \$ 50	=\$ 0.00
INDEP. CLAIMS	4	minus	3	1	x \$200	=\$ 84.00
MULT. DEP. CLAIMS	<input type="checkbox"/>				\$360	=\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						=\$ 84.00

- ☒ Charge \$84.00 to Deposit Account No. 10-0750/JBP510/ALC. Three copies of this sheet are enclosed.
- ☒ Please charge any additional fees in connection with the filing of this communication, or credit overpayment, to Deposit Account No. 10-0750/JBP510/ALC. Three copies of this sheet are enclosed.

/Andrea L. Colby/

Andrea L. Colby  
Attorney of Record  
Reg. No. 30,194

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May 9, 2005

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/621565

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	52 minus 20 =	32
INDEPENDENT CLAIMS	2 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

7/24/02

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	67	Minus	.. = 15
Independent	3	Minus	... = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	345.00			690.00
X5 9=			X518=	576
X39=			X78=	1
+130=			+260=	1
TOTAL			TOTAL	1264

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=			X518=	270.00
X39=			X78=	
+130=			+260=	
TOTAL			TOTAL	270.00

AMENDMENT B

9/29/04

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	22	Minus	.. 67 = 1
Independent	1	Minus	... 3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=			X518=	
X39=			X78=	
+130=			+260=	
TOTAL			TOTAL	

AMENDMENT C

5/9/05

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	40	Minus	.. 67 = 1
Independent	5	Minus	... 3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=			X518=	
X39=			X78=	400
+130=			+260=	
TOTAL			TOTAL	400

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.